

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

002218

DOCUMENT # N36048

1. Entity Name

SPECIALTY AGENTS, INC.

04-03-2001 90068 016 *****61.25

Principal Place of Business

305 SPRING LAKE HILLS DR.
 ALTAMONTE SPRINGS FL 32714

Mailing Address

305 SPRING LAKE HILLS DR.
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

4501 N. Nebraska Ave
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9015
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa Florida

City & State

Tampa Florida

4. FEI Number

59-3023498

Applied For

Not Applicable

Zip

33603

Country

USA

Zip

33604

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BERMAN, JED
 180 S KNOWLES
 WINTER PARK FL 32790

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VAZQUEZ, ARNIE
 CITY-ST-ZIP 29 NW 36 ST #203
 MIAMI FL 33125

TITLE ☒ Delete
 NAME P
 STREET ADDRESS DALY, FRANK
 CITY-ST-ZIP 4144 FAIRWAY E.
 STUART FL

TITLE ☐ Delete
 NAME P
 STREET ADDRESS HILL, RICHARD
 CITY-ST-ZIP 5211 TIMUQUANA RD #6
 JACKSONVILLE FL

TITLE ☒ Delete
 NAME D
 STREET ADDRESS VEAL, TOM
 CITY-ST-ZIP 124 E. M.I. CAUSEWAY
 MERRITT ISLAND FL

TITLE ☐ Delete
 NAME T
 STREET ADDRESS JENKINS, ELI
 CITY-ST-ZIP 5265 PARK BLVD.
 PINELLAS PARK FL

TITLE ☐ Delete
 NAME V
 STREET ADDRESS LUCAS, CAREN
 CITY-ST-ZIP 32321 HAVEN COURT, #100
 LEESBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME Director
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01 727-522-6896

Date

Daytime Phone #

CR2E037 (10/00)